

# HAWAII STATE ETHICS COMMISSION

## DISCLOSURE OF FINANCIAL INTERESTS (SHORT FORM)

<b>NAME (Last, First, Middle)</b>  Toguchi, Garrett, M.	<b>STATE POSITION HELD: (Dept/Div or Board/Commission)</b> State Board of Education  <b>TERM OF OFFICE (Begin/End):</b> 12/06/04 / 12/05/08
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Check either number 1 or 2. If you check number 2, provide the relevant information.

1. ☐ I HAVE NO CHANGES TO REPORT SINCE MY LAST FILING

2. ☒ I HAVE THE FOLLOWING CHANGES TO REPORT SINCE MY LAST FILING.

**FOR EACH ITEM, DISCLOSE ADDITIONS, DELETIONS, OR CHANGES IN INTERESTS OF FILER, SPOUSE AND DEPENDENT CHILDREN.** USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer. Use "A" for any additions in interests, "D" for any deletions, and "C" for any other changes.

<u>F, SP, DC, JT</u> F	<u>A, D, C</u> C	<u>ITEM # 1</u> Hawaii Waiver Providers Assn. c/o 708 Palekaua St. Hon., HI 96816 Amount: B
<u>F, SP, DC, JT</u> F	<u>A, D, C</u> D	<u>ITEM # 1</u> The Arc in Hawaii 3989 Diamond Head Road Hon., HI 96816
<u>F, SP, DC, JT</u> F	<u>A, D, C</u> C	<u>ITEM # 1</u> ResQ Consultants 2604 Pauoa Road Hon., HI 96813
<u>F, SP, DC, JT</u> SP	<u>A, D, C</u> A	<u>ITEM # 1</u> U.S. Investigative Services, Honolulu District Office 3049 Ualena St., Ste. 806 Hon., HI 96819 Amount: C

<u>F, SP, DC, JT</u> SP	<u>A, D, C</u> D	<u>ITEM # 1</u> Pacific Islands Institute 3566 Harding Ave., #202 Hon., HI 96816
<u>F, SP, DC, JT</u> F	<u>A, D, C</u> A	<u>ITEM # 1</u> Myerberg Shain & Associates, Inc. Honolulu Office 2336 Aha Maka Way Honolulu, HI 96821 Amount: B
<u>F, SP, DC, JT</u>	<u>A, D, C</u>	<u>ITEM #</u>
<u>F, SP, DC, JT</u>	<u>A, D, C</u>	<u>ITEM #</u>
<u>F, SP, DC, JT</u>	<u>A, D, C</u>	<u>ITEM #</u>
<u>F, SP, DC, JT</u>	<u>A, D, C</u>	<u>ITEM #</u>
<u>F, SP, DC, JT</u>	<u>A, D, C</u>	<u>ITEM #</u>

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STATE OF HAWAII  
STATE ETHICS COMMISSION

**CERTIFICATION:** I have reviewed my previous Disclosure of Financial Interests Statements filed with the Hawaii State Ethics Commission and all succeeding amendments. I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief of my currently reportable financial interests and that there have been no other changes in my reportable financial interests since my prior reports were filed. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

SIGNATURE (Note: This filing is not valid without a signature.)

DATE